MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-006772 ✓

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1428

FILED MAR 15 1963

DO NOT WRITE ON THIS STUB	AMENDED
VS 300 Rev. 4/59	DATE AMENDED
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2 3558	
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4 1	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY: Jackson
   b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Length of stay in 1b: 60 Yrs.
   c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3518 Brooklyn — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri b. COUNTY: Jackson
   c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 3518 Brooklyn — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) — First: ANNA Middle: L. Last: MC COWEN

4. DATE OF DEATH — Month, Day, Year: March 4, 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-14-1872
9. AGE (last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Westport, N. Y.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: George L. Pease
13b. MOTHER'S MAIDEN NAME: Laura M. Sheldon
14. NAME OF HUSBAND OR WIFE: Frank Mc Cowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv[ice]): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Phil A. Russell — Address: 908 W. 96th Ter.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Myocarditis — 2 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Fracture Rt femur — few years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY — Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1-10-63, to 3-4-63 and last saw her alive on 3-3-63
Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bellfield Atcheson MD
22b. ADDRESS: 9210 Wornall
22c. DATE SIGNED: 3-4-63

Bellfield Atcheson

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-6-63
23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Freeman Mortuary — ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 3-4-63
26. REGISTRAR'S SIGNATURE: Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

Dr Bellfield Atkeson
7280 Warnall Rd
HI 4-9960
2-5:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. Freeman

Licensed Embalmer No. 2939

P. O. Address S. City No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.